

## **Washington State Department of Health Immunization Program CHILD Profile**



## **Patient VFC Status Screening Form**

Vaccines for Children Program

Child's Ful	ild's Full Name:						
Date of Bi	rth:						
Full name	of Parent, Guardian, or Legal Representative:						
Health Ca	re Provider's Full Name:						
Form Comp Use t Form care Verif Keep This	RUCTIONS: I must be completed for every child under age 19 years plete only once, unless the child's VFC Eligibility Status changes. The back of form to document any changes in VFC Eligibility status. The can be completed by the child's parent, guardian, or legal representative, or by a health provider. The provider ication of responses is not required. This form in the child's medical record or on file in the provider office. The form must be made available on request at site review as required by CDC guidance mentation of VFC Eligibility Status must be kept for a minimum of 6 years after the child has this practice (as per CDC and Washington State guidelines).						
Initial Sc	nitial Screening Date:						
Please	choose one of the following.						
	Patient has 'VFC Eligible' Status because he/she:						
	□ Is American Indian or Alaska Native.						
	□ Is enrolled in the State Medicaid Program.						
	□ Has no health insurance.						
	☐ Is 'Underinsured' (the child has health insurance coverage that has limited or no coverage for administration of vaccines) <u>AND</u> this clinic is a FQHC or RHC.						
	Patient does NOT have 'VFC Eligible' Status because he/she:						
	☐ Is 'Underinsured' (the child has health insurance coverage that has limited or no coverage for administration of vaccines) <u>BUT</u> this clinic is <u>NOT</u> a FQHC or RHC.						
	☐ Has Private Health insurance that covers immunizations. (This includes SCHIP.)						

Note: The VFC status of a child, birth through 18 years, as defined by meeting one of the above criteria does not determine if a child can receive vaccine through the Washington State childhood vaccine program. VFC status is related to the federal Vaccines for Children Program, which is only one portion of the Washington State childhood vaccines program. Currently, all children birth-18 years of age are eligible to receive state-supplied vaccine through the Washington State childhood vaccine program, regardless of VFC eligibility status.

If this patient's VFC Eligibility Status changes, please document his or her new status in the table on the back of this form.

## **Patient VFC Status Screening Form**

If this patient's VFC Eligibility Status has changed, please document his or her new status in the table below.

<b>Child's Full Name:</b>		
Date of Birth:		

	CHANGES IN VFC ELIGIBILITY STATUS						
	VFC Eligible			Not VFC Eligible			
Date	Child is enrolled in the State Medicaid Program (Healthy Options, fee- for-service, Medicaid Managed Care)	Child is American Indian or Alaska Native	Child does not have any health insur- ance	Child is 'Underinsured' (Child has health insurance that has limited or no coverage for administration of vaccines) AND Clinic is a FQHC or RHC	Child is 'Underinsured' (Child has health insurance that has limited or no coverage for administration of vaccines) BUT Clinic is NOT a FQHC or RHC	Child has private health insurance that covers administration of vaccines (includes SCHIP)	

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